

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 334240

1. Entity Name
DIMARE RUSKIN, INC.



Principal Place of Business
**US #41 N. RUSKIN 5715
PO BOX 967
RUSKIN, FL 33570-0967**

Mailing Address
**US #41 N. RUSKIN 5715
PO BOX 967
RUSKIN, FL 33570-0967**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1226243

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SACHER, CHARLES P
2655 LEJUNE RD #1101
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DI MARE, PAUL J. 258 N.W. 1ST AVE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIMARE, ANTHONY J. 258 N.W. 1ST AVE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIMARE, SCOTT M 258 NW 1ST AVE. FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FOLWELL, RONALD 258 NW 1ST AVE HOMESTEAD, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000800057
01/31/08-80002-007-150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul J. Di Mare
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08

Date

305-245-4211

Daytime Phone #